

JCC Camps at Medford Overnights Medication Permission Authorization Form

(If your child plans to attend the Camp Aaron overnight and requires medication, please complete this form)

Medications along with this completed form must be given to the camp nurse **no earlier than one (1) week prior** to the event, and **no later than two (2) days before** the event. If you are sending medication to camp through the bus counselor, please call the nurses office at 609-654-2088 to let them know the medication is coming.

All medications must be in properly labeled containers. Pharmacy labels are required for all prescription medication. Non-prescription medication should be sent in original containers with the camper's name written on the container. **This form must have parent/guardian signature and a physician's signature and stamp.** This applies to all prescription and over the counter medication.

Medications and forms are to be handed in together. Neither medications nor forms will be accepted separately.

Camper's Name: _____ Bunk: _____

Medication (1): _____ Dosage: (indicate in mg) _____
Time to be Given (be specific) _____ Date to be Given: _____
Reason for Medication: _____

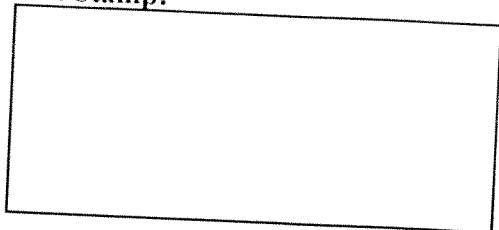
Medication (2): _____ Dosage: (indicate in mg) _____
Time to be Given (be specific) _____ Date to be Given: _____
Reason for Medication: _____

Medication (3): _____ Dosage: (indicate in mg) _____
Time to be Given (be specific) _____ Date to be Given: _____
Reason for Medication: _____

*Parent/Guardian Signature: _____ Date: _____

*Physician Signature: _____ Date: _____

*Physician Stamp:



If this form has not been completed in full with the required signatures and stamp and turned in with the medication, your child will not be permitted to participate in the late stay/overnight program.